

**Mental Health Legislative Compliance Internal Audit****Date of Report – February 2022****Details: Internal Audit Swansea Bay University Health Board NWSSP Audit and Assurance**

SBUHB\_2122-11\_Mental Health Legislation\_F

Matter Arising	Impact and Priority	Recommendations	Management response	Responsible Officers and Target date
<p>1: Completeness of compliance reporting (Design)</p> <p>Reports presented to the MHL Committee provide a broad coverage of compliance against legislation. We recognise that some sections within legislation do not place statutory duties on health boards and that reporting is undertaken by exception, however assurance on the completeness of compliance cannot be demonstrated in the absence of a compliance map.</p>	<p>Potential risk of: All Statutory duties are not complied with</p> <p>Priority: <b>Medium</b></p>	<p>1.1 We recommend that an exercise is undertaken to map the legislation and/or the Codes of Practice to the arrangements the health board has in place, in order to provide assurance on compliance against legislation, that arrangements are monitored and that there are no omissions.</p>	<p>1.1 An exercise will be undertaken to match the legislation and/or the Code of Practice to the regular reports made to the Mental Health Legislative Committee.</p>	<p>1<sup>st</sup> April 2022</p> <p>Executive Leads: Gareth Howells (Interim Director of Nursing and Patient Experience) and Inese Robotham (Chief Operating Officer)</p> <p>Responsible Officers:</p> <p>MHA: David Roberts (Service Director, MH&amp;LD)</p> <p>MHM: Malcolm Jones (Divisional Manager for Mental Health)</p> <p>MCA: Tanya Spriggs (Nurse Director – Primary, Communities and Therapy)</p>
Progress and update evidence				
Medium term action – Compliance mapping to be undertaken in Q3				

<p>2. Training Assurance (Design)</p> <p>As reported to the MHL Committee, there have been 3 invalid detentions identified by the MHA Team in the first half of this financial year. We note that there is no formal MHA training provided to staff within the MHL service group on a cyclical basis but that guidance in relation to form completion is available within patient dashboards.</p> <p>A review of service group performance reports taken to Safeguarding Committee has shown inconsistent levels of reporting of MCA and DoLS training and that in some instances, compliance is measured against all staff while some training is specific to certain staff levels. There was one report that did not record compliance against MCA and DoLS training. We recognise that this finding has wider</p>	<p>Potential risk of:</p> <p>Potential action taken against HB with financial and reputational impact</p> <p>Non-compliance with training requirements could lead to staff error</p> <p>Priority: <b>High</b></p>	<p>2.1 Regular training on the MHA and MHM is provided to relevant staff to ensure adequate provision</p> <p>2.2 Consideration should be given to undertake service group training needs analysis to establish which staff levels require which level of training, in order to effectively manage compliance across the HB</p>	<p>2.1 A revised programme for MHA and MHM training will be out in place. A range of literature and guidance notes are also available for reference.</p> <p>2.2 The HB Learning and Development team will put processes in place to ensure that the training available is targeted to the correct staff groups</p>	<p>1st April 2022</p> <p>Executive Leads: Inese Robotham (Chief Operating Officer) and Debbie Eyitayo (Director of Workforce &amp; OD) Responsible Officer: David Roberts (Service Director, MH&amp;LD)</p> <p>Executive Leads: Inese Robotham (Chief Operating Officer) and Debbie Eyitayo (Director of Workforce &amp; OD) Responsible Officers: MHA: David Roberts (Service Director, MH&amp;LD) MHM: Malcolm Jones (Divisional Manager for Mental Health) MCA: Tanya Spriggs (Nurse Director – Primary, Communities and Therapy)</p>
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implications across the health board and is not specific to MCA and DoLS																		
Progress and update evidence from MH/LD Service Group																		
<p>2.1 MHA training</p> <p>Training for MHA has been incorporated into the RN HB induction schedule</p> <p>Lunch and Learn sessions for clinicians has been facilitated/planned for:</p> <p>9/9/22</p> <p>5/12/22</p> <p>Sessions for Medical Staff facilitated - MH – 6/6/22 and LD – 28/6/22</p> <p>Marie Williams has been liaising with Suzanne Holloway in Morriston Service Group to replicate training for Medical staff across other sites</p> <p>MHM Training</p> <p>Training for the MHM has been facilitated on the following dates and attendance noted:</p> <table><tr><td>19th January</td><td>19 attended. 4 cancelled. 6 DNA with no reason.</td></tr><tr><td>23rd February</td><td>11 attended. 9 DNA. 8 DNA but gave reasons.</td></tr><tr><td>24th February</td><td>Cancelled due to lack of numbers.</td></tr><tr><td>2nd March</td><td>20 attended. 8 DNA. 8 DNA but gave reasons.</td></tr><tr><td>25th May</td><td>11 attended. 2 DNA. 7 DNA but gave reasons.</td></tr><tr><td>29Th June</td><td>14 attended. 5 DNA. 2 DNA but gave reason.</td></tr><tr><td>19th July</td><td>16 attended. 1 DNA. 1 DNA but gave apologies.</td></tr></table> <p>20th September 11 booked in.</p> <p>Next Safeguarding Committee in September – Service Group Reports will reflect consistent response to training compliance for MCA and DoLS reporting.</p>					19th January	19 attended. 4 cancelled. 6 DNA with no reason.	23rd February	11 attended. 9 DNA. 8 DNA but gave reasons.	24th February	Cancelled due to lack of numbers.	2nd March	20 attended. 8 DNA. 8 DNA but gave reasons.	25th May	11 attended. 2 DNA. 7 DNA but gave reasons.	29Th June	14 attended. 5 DNA. 2 DNA but gave reason.	19th July	16 attended. 1 DNA. 1 DNA but gave apologies.
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<p>3. Policies (Operation)</p> <p>There are two policies in relation to Mental Health Act legislation that were due to be reviewed December 2020 and remain extant. The MHA Team have reviewed the policies but clinical input is required in order to finalise their review, which has been impacted by the operational pressures of Covid-19. We were advised that the policies are in the process of being finalised in readiness for ratification.</p>	<p>3.1 Policies should be reviewed in line with stated review dates.</p>	<p>Potential risk of: Staff error due to out of date guidance</p> <p>Priority: <b>Low</b></p>	<p>3.1 The following policies: <i>Mental Health Act 1983 Withholding correspondence of detained patients &amp; Policy for the Locking of Doors in Inpatient Units and Its Associated Safeguards</i></p> <p>Have been extended on COIN until 30th April 2022 and remain extant.</p>	<p>Complete</p> <p>Executive Leads: Gareth Howells (Interim Director of Nursing and Patient Experience) and Inese Robotham (Chief Operating Officer)</p> <p>Responsible Officer: David Roberts (Service Director, MH&amp;LD)</p>
<p>Progress and update evidence from MH/LD Service Group</p>				
<p>3.1 The Policy for locking of doors has been reviewed, updated, ratified and is on COIN</p> <p>Links to the policies as follows:</p> <p><a href="#">CID37 Open Door Policy Inpatient Units and Associated Safeguards - (Revised - July 2022).pdf</a></p> <p>The policy for the withholding correspondence of a detained patient is currently sitting with the HB legal team awaiting final approval before ratification.</p>				